

JC20 Rec'd PCT/PTO 1 5 JUL 2009

Application Data Sheet**Application Information**

Application number::
Filing Date:: 07/15/05
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: Method and Apparatus for Determining Isoelectric
Point of Charged Analyte
Attorney Docket Number:: 005092-00076
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 40
Small Entity?:: YES
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: Strand
Name Suffix::
City of Residence:: Sherborn
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: 16 Nason Hill Lane
City of mailing address:: Sherborn
State or Province of mailing address:: MA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 01770

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dan
Middle Name:: M.
Family Name:: Leatzow
Name Suffix::
City of Residence:: Pullman
State or Province of Residence:: WA
Country of Residence:: USA
Street of mailing address:: 545 Southeast South Street
City of mailing address:: Pullman

State or Province of mailing address:: WA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 99163

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::

City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22910

Representative Information

Representative Customer Number:: 22910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/000630	01/12/04

60/440,105			01/15/03
60/471,681			05/15/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Protassis Corporation
 Street of mailing address:: 734 Forest Street
 City of mailing address:: Marlborough
 State or Province of mailing address:: MA
 Country of mailing address:: USA
 Postal or Zip Code of mailing address:: 01752